

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003

8805

62-036084

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

VS 300
Rev. 4/59

1

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 17 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Rural Imperial Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If outside, give location) Lincoln Drive. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle R. Last Doss		4. DATE OF DEATH Month September Day 10 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/11/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Postmaster	
11. BIRTHPLACE (City and state or country) Washington Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Francis M. Doss		13b. MOTHER'S MAIDEN NAME Alice Stolzer	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. None	
16. INFORMANT Laura Doss, Lincoln Drive, Imperial, Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dilatation of heart DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 9-10-62	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostate, subleukemic, penum. RT.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) SA fall @ home 904-0-21	
20c. TIME OF INJURY Hour 9 Month, Day, Year 7 62 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 4 S		20f. CITY, TOWN, OR LOCATION Imperial	
20g. COUNTY Mo		20h. STATE Mo	
21. I attended the deceased from 9-8-62 to 9-10-62 and last saw him alive on 9-10-62 Death occurred at 8:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.		21b. ADDRESS 3720 Washington St	
22a. SIGNATURE (Degree or title) Carroll Smith M.D.		22b. DATE SIGNED 9-11-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-15-62	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR Heiligtage Funeral Home, Imperial, Mo.		25. DATE REC'D. BY LOCAL REG. SEP 11 1962	
26. REGISTRAR'S SIGNATURE Carroll Smith M.D.		27. ADDRESS	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Densley

Licensed Embalmer No. 76873

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.